

RELEASE OF INFORMATION FORM

Forward Records To:

Request Records Of:

Student's Name: _____ Grade: _____ Date of Birth: _____

Please send a copy of all pertinent records for the above mentioned student to the address listed below.

For regular education students, please include the following:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Current Report Card | <input checked="" type="checkbox"/> Standardized Testing Results |
| <input checked="" type="checkbox"/> Transcript of Grades | <input checked="" type="checkbox"/> New York State Assessments |
| <input checked="" type="checkbox"/> Science Labs (Secondary Students Only) | <input checked="" type="checkbox"/> Health/Immunization Records |
| <input checked="" type="checkbox"/> 504 Plan | <input checked="" type="checkbox"/> Attendance Record |
| <input checked="" type="checkbox"/> Academic Intervention Services | <input checked="" type="checkbox"/> Discipline Record |
| <input checked="" type="checkbox"/> Course Selections/Schedule | |

For special education students, please include the following:

- Current I.E.P.
- Psychological Testing
- Social History
- Related Service Evaluation Records
- Any Other Pertinent Records

Regular and Special Education Records To:

Mr. Robert Gray
Guidance Counselor
Waterville Junior-Senior High School
381 Madison Street
Waterville, NY 13480
Telephone 315-841-3823
Fax 315-841-3839

AUTHORIZATION FOR RELEASE OF RECORDS

It is understood that such release shall include only that information which is necessary and pertinent, and that all such information shall be treated in a professional and confident manner.

Date: _____ Parent/Guardian Signature: _____